OAKWOOD VILLA			
2512 NEW PINE DRIVE			
ALTOONA 54720 Phone: (715) 833-0400		Ownershi p:	Corporation
Operated from $1/1$ To $12/31$ Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	95	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	96	Average Daily Census:	90
Number of Residents on 12/31/00:	92	0 0	
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**************************************	****	************************************ Age, Sex, and Primary Diagn	osis of	******************* Resi dents (12/31	******** /00)	******************************* Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	47. 8 39. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	6. 5	More Than 4 Years	13. 0
Day Servi ces	No	Mental Illness (Org./Psy)	6. 5	65 - 74	8. 7		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	40. 2		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	33. 7	***************	*******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	10. 9	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	3. 3			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	13. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	15. 2	65 & Over	93. 5	[
Transportation	No	Cerebrovascul ar	9. 8			RNs	11. 3
Referral Service	No	Di abetes	1. 1	Sex	%	LPNs	4. 3
Other Services	No	Respi ratory	6. 5			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	44. 6	Male	28. 3	Aides & Orderlies	41. 1
Mentally Ill	No			Female	71. 7		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Private			Pay		Manage	ed Care		Percent		
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	3	6. 0	\$108. 64	0	0. 0	\$0.00	28	96. 6	\$124.00	0	0. 0	\$0.00	31	33. 7%
Skilled Care	12	100.0	\$251.82	45	90.0	\$93. 76	0	0. 0	\$0.00	0	0.0	\$0.00	1	100.0	\$201.00	58	63. 0%
Intermedi ate				2	4.0	\$79.66	0	0.0	\$0.00	1	3.4	\$124.00	0	0.0	\$0.00	3	3. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0. 0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	12	100.0		50	100. 0		0	0.0		29	100.0		1	100.0		92	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 2.6 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 1. 1 Bathi ng 0.0 87. 0 13. 0 92 Other Nursing Homes 3. 2 Dressi ng 12.0 81.5 6. 5 92 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 28.3 92 90. 5 **62.** 0 9.8 27.2 62.0 10.9 92 0.0 Toilet Use 92 0.0 Eating 62.0 18.5 19.6 Other Locations ******* 2.6 Total Number of Admissions 190 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 7. 6 6. 5 Private Home/No Home Health 7.0 Occ/Freq. Incontinent of Bladder 44.6 0.0 Private Home/With Home Health 29.9 Occ/Freq. Incontinent of Bowel 26. 1 0.0 Other Nursing Homes 1.6 4.3 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 36. 9 Mobility 7. 6 Physically Restrained 0.0 13.0 29.3 0.0 Other Locations 3. 2 Skin Care Other Resident Characteristics 21.4 Deaths With Pressure Sores 5.4 Have Advance Directives 0.0 Total Number of Discharges With Rashes 0.0 Medi cati ons 187 (Including Deaths) Receiving Psychoactive Drugs **56.** 5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		0wne	ershi p:	Bed	Si ze:	Li ce	ensure:		
	Thi s	Propri etary		50- 99		Ski l l ed		Al l	
	Facility	Peer Group		Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93. 8	82. 5	1. 14	87. 3	1. 07	84. 1	1. 11	84. 5	1. 11
Current Residents from In-County	92. 4	83. 3	1. 11	80. 3	1. 15	83. 5	1. 11	77. 5	1. 19
Admissions from In-County, Still Residing	20. 5	19. 9	1.03	21. 1	0. 97	22. 9	0. 90	21. 5	0. 95
Admi ssi ons/Average Daily Census	211. 1	170. 1	1. 24	141.8	1.49	134. 3	1. 57	124. 3	1. 70
Discharges/Average Daily Census	207. 8	170. 7	1. 22	143. 0	1.45	135. 6	1. 53	126. 1	1.65
Discharges To Private Residence/Average Daily Census	76. 7	70.8	1.08	59. 4	1. 29	53. 6	1.43	49. 9	1.54
Residents Receiving Skilled Care	96. 7	91. 2	1. 06	88. 3	1. 10	90. 1	1. 07	83. 3	1. 16
Residents Aged 65 and Older	93. 5	93. 7	1.00	95.8	0. 98	92. 7	1. 01	87. 7	1.07
Title 19 (Medicaid) Funded Residents	54. 3	62. 6	0. 87	57. 8	0. 94	63. 5	0. 86	69. 0	0. 79
Private Pay Funded Residents	31. 5	24. 4	1. 29	33. 2	0. 95	27. 0	1. 17	22. 6	1.40
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	6. 5	30.6	0. 21	32. 6	0. 20	37. 3	0. 17	33. 3	0. 20
General Medical Service Residents	44. 6	19. 9	2. 24	19. 2	2. 32	19. 2	2. 32	18. 4	2.42
Impaired ADL (Mean)	43. 5	48. 6	0. 90	48. 3	0. 90	49. 7	0.88	49. 4	0.88
Psychological Problems	56 . 5	47. 2	1. 20	47. 4	1. 19	50. 7	1. 11	50. 1	1. 13
Nursing Care Required (Mean)	6. 8	6. 2	1. 10	6. 1	1. 12	6. 4	1.05	7. 2	0.95